

ISSUE

The accreditation of facilities demonstrates the high level of quality of services being provided to American Indian and Alaska Native communities. All Indian Health Service (IHS) and tribally operated hospitals are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or certified by the Center for Medicare and Medicaid Services (CMS). Most large clinics and many smaller clinics are accredited by JCAHO or the Accreditation Association for Ambulatory Health Care (AAAHC). In addition, most youth regional treatment facilities are either accredited by JCAHO or the Commission on Accreditation of Rehabilitation Facilities (CARF).

BACKGROUND

Quality improvement processes within health care organizations are increasingly viewed as important means of identifying problems, enhancing the quality of services, improving patient safety, and measuring success. The IHS monitors the quality of its services against community and nationally established medical standards. Accrediting organizations such as JCAHO, AAAHC, and CMS conduct reviews of IHS and Tribal health facilities to assess professional services, management support, and actions to prevent and address adverse events. A risk manager/quality improvement manager is responsible for addressing performance improvement activities and maintaining voluntary accreditation at hospitals and clinics. The IHS is also active in departmental and private national performance improvement activities.



SITUATION

The IHS and its Tribal contractors would benefit from system-wide programs for monitoring performance and improvement as well as patient safety in greater detail. With national systems, the higher risk practice areas in our hospitals and clinics could be monitored and analyzed while sharing the best programs with all facilities to improve local performance. To that end, the IHS has developed a clinical information reporting system to passively extract clinical GPRA indicators and other clinical data, generating performance reports for IHS Areas and their Service Units and Tribal programs. In addition, 55 IHS and Tribal facilities in the Alaska, Aberdeen, Bemidji, Oklahoma, and Phoenix Areas are using Med Marx, a national proprietary medication error reporting system, to improve medication safety. The IHS is currently developing a national patient adverse event reporting system to improve all aspects of patient safety.

OPTIONS/PLANS

The IHS is a uniquely complex and potentially beneficial setting in which to explore and validate selected performance improvement measures and technologies.

CONTACT

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